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RE: Webster, Grace (DOB October 16, 1929; DOD July 8, 2016)

Dear Sirs,

You have asked for my opinion regarding the diagnosis of Mrs. Webster's disease.

CLINICAL HISTORY:

History and physical examination (December 10, 2015) indicated follow-up due to abdominal pain. Past medical history included reflux, hypertension, anxiety, gout and chronic kidney disease.

Operative report (March 15, 2016) indicated obtaining 1600 mL of pleural fluid. The surgeon identified the entire right lung as encased by dense pleural peel.

Progress note (March 19, 2016) identified a primary diagnosis of "mesothelioma of pleura".

History and physical examination (March 30, 2016) indicated initial presentation with shortness of breath and right upper quadrant pain as well as progressive hypoxia. Imaging studies identified a large right pleural effusion which required repeat thoracentesis. Pleural decortication was undertaken, and tissue was diagnosed as malignant mesothelioma.

Death certificate from the state of North Carolina listed the cause of death as “myocardial infarction”.

RADIOLOGY REPORTS:

Chest x-ray (October 28, 2002) identified minimal diffuse pulmonary fibrosis.

Chest x-ray (November 4, 2011) identified a small left pleural effusion in pleural thickening.

CT scan (December 3, 2015) identified a large right pleural effusion with compressive atelectasis.

PATHOLOGY REPORTS:

Report from Chesapeake Regional Medical Center (SP 16 – 02075, March 14, 2016) diagnosed a right pleural nodule and right pleural peel excisional biopsies all as “malignant mesothelioma, epithelioid type”. The case was reportedly reviewed by two pathologists who agreed with this diagnosis. The comment reported tumor cells positive for pancytokeratin, calretinin and CK 5/6 but negative for B72.3, MOC 31 and TTF-1. The staining pattern reportedly supported the diagnosis.

PATHOLOGY MATERIALS:

I received 27 glass slides all labeled “SP 16 – 02075”. 22 glass slides were received previously stained with H&E while the remaining 5 were unstained. Microscopic examination demonstrated generous excisional biopsies of pleura showing extensive involvement by a malignant epithelioid neoplasm. Tumor cells were large with large rounded nuclei showing vesicular chromatin and prominent basophilic nucleoli. Numerous abnormal mitotic figures were detected. Tumor cells showed moderate to abundant amounts of eosinophilic cytoplasm and were arranged in nests and sheets with prominent areas of tubular and papillary architecture. Tumor showed extensive

destructive invasion throughout pleura. No gland, mucin or keratin formation was detected. No alveolar lung parenchyma was available for review.

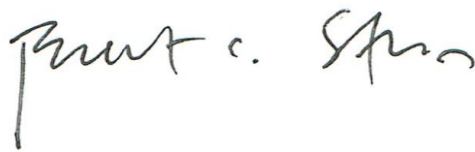
Based on my review of records and tissues, my diagnosis is as follows:

Parietal pleura, right, biopsies (SP 16 – 02075):

- **Primary Pleural Malignant Mesothelioma, epithelioid type.**

I will supplement or amend this report as appropriate, if additional information becomes available.

Sincerely,

A handwritten signature in black ink, appearing to read "Brent C. Staggs". The signature is written in a cursive, flowing style with a long vertical line extending from the bottom of the first name.

Brent C. Staggs, M.D.